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CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
TOTAL CLAIMS (37 CFR 1.16(c) or (j))		-20* =	0	x \$ _____ =	\$
INDEPENDENT CLAIMS (37 CFR 1.16(b) or (i))	4	-3** =	1	x \$ 84.00 =	84.00
MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))				+ \$ _____ =	
				BASIC FEE (37 CFR 1.16)	740.00
Total of above Calculations =					824.00
Reduction by 50% for filing by small entity (Note 37 CFR 1.27).					412.00
* Reissue claims in excess of 20 and over original patent. ** Reissue independent claims over original patent.					TOTAL = 412.00

6. ☒ Small entity status: Applicant claims small entity status. See 37 CFR 1.27.
7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 500 - 246:
- a. ☐ Fees required under 37 CFR 1.16.
- b. ☐ Fees required under 37 CFR 1.17.
- c. ☐ Fees required under 37 CFR 1.18.
8. ☒ A check in the amount of \$ Extension of Time is enclosed.
9. ☐ Payment by credit card. Form PTO-2038 is attached.
10. ☐ Applicant requests suspension of action under 37 CFR 1.103(b) for a period of _____ months (not to exceed 3 months) and the fee under 37 CFR 1.17(i) is enclosed.
11. ☐ New Attorney Docket Number, if desired _____
[Prior application Attorney Docket Number will carryover to this CPA unless a new Attorney Docket Number has been provided herein.]
12. a. ☐ Receipt For Facsimile Transmitted CPA (PTO/SB/29A)
- b. ☒ Return Receipt Postcard (Should be specifically itemized, See MPEP 503)
13. ☒ Other: The \$412 filing fee is not submitted herewith & will be submitted at a later time

NOTE: The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below.

14. NEW CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label		<input checked="" type="checkbox"/> New correspondence address below	
(Insert Customer No. or Attach bar code label here)			
Name	Beck & Tysver, P.L.L.C.		
Address	2900 Thomas Avenue South, Suite 100		
City	Minneapolis	State	MN
Zip Code	55416		
Country	USA	Telephone	612-915-9633
Fax	612-915-9637		

15. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print /Type)	Stephanie J. Smith
Signature	<i>Stephanie J. Smith</i>
Registration No. (Attorney/Agent)	34,437
Date	12/10/01